

Oregon's State Health Improvement Plan, 2018 Progress Report

Oregon's State Health Improvement Plan (SHIP), launched in 2015. It is a five-year plan to improve the health of everyone in Oregon. The SHIP is a tool for any person or organization working toward making Oregon a state where lifelong health is within reach for everyone. This series of fact sheets highlights progress made in year four of carrying out the SHIP. Fact sheets also highlight future actions needed to achieve the goals of the plan by 2020.

The SHIP focuses on seven priorities:

1. Prevent and reduce tobacco use
2. Prevent and reduce obesity
3. Improve oral health
4. Reduce harms associated with alcohol and substance use
5. Prevent deaths from suicide
6. Improve immunization rates, and
7. Protect the population from communicable diseases.

Each priority area includes interventions in three broad categories:

1. Population health
2. Health systems, and
3. Health equity.

To measure SHIP progress, Oregon Health Authority, Public Health Division identified 27 targets, across the seven priorities. This progress report presents the most recent data available. This may be from 2017 or 2018, depending on reporting delays. The following is the progress made across the targets, as of January 2019:

- 4% achieved
- 55% on the right track
- 41% moving in the wrong direction

More complete information is online at www.healthoregon.org/ship.

2018 Fact Sheet: Prevent and reduce tobacco use.

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). Tobacco use continues to be the leading preventable cause of death and disability in Oregon. Cigarette smoking among youth has decreased over time. However, many youth still use tobacco, an addiction which often continues into adulthood. The rise in use of little cigars, electronic cigarettes and hookah is also a concern. Achievements within the priority area to prevent and reduce tobacco use include:

- The Tobacco 21 law raised the minimum age for a person to buy tobacco products from 18 to 21. This law went into effect in Oregon on Jan. 1, 2018. This law is important because raising the age to buy tobacco products is an effective strategy to reduce youth tobacco initiation.
- The [Oregon Tobacco Quit Line](#) is piloting a program to meet the needs of American Indian and Alaska Native (AIAN) populations. The program includes counseling and medication support by a team of quit coaches. Many quit coaches identify as AIAN. The pilot will ensure culturally responsive services. This is critical because of cultural tobacco use among AIAN populations.

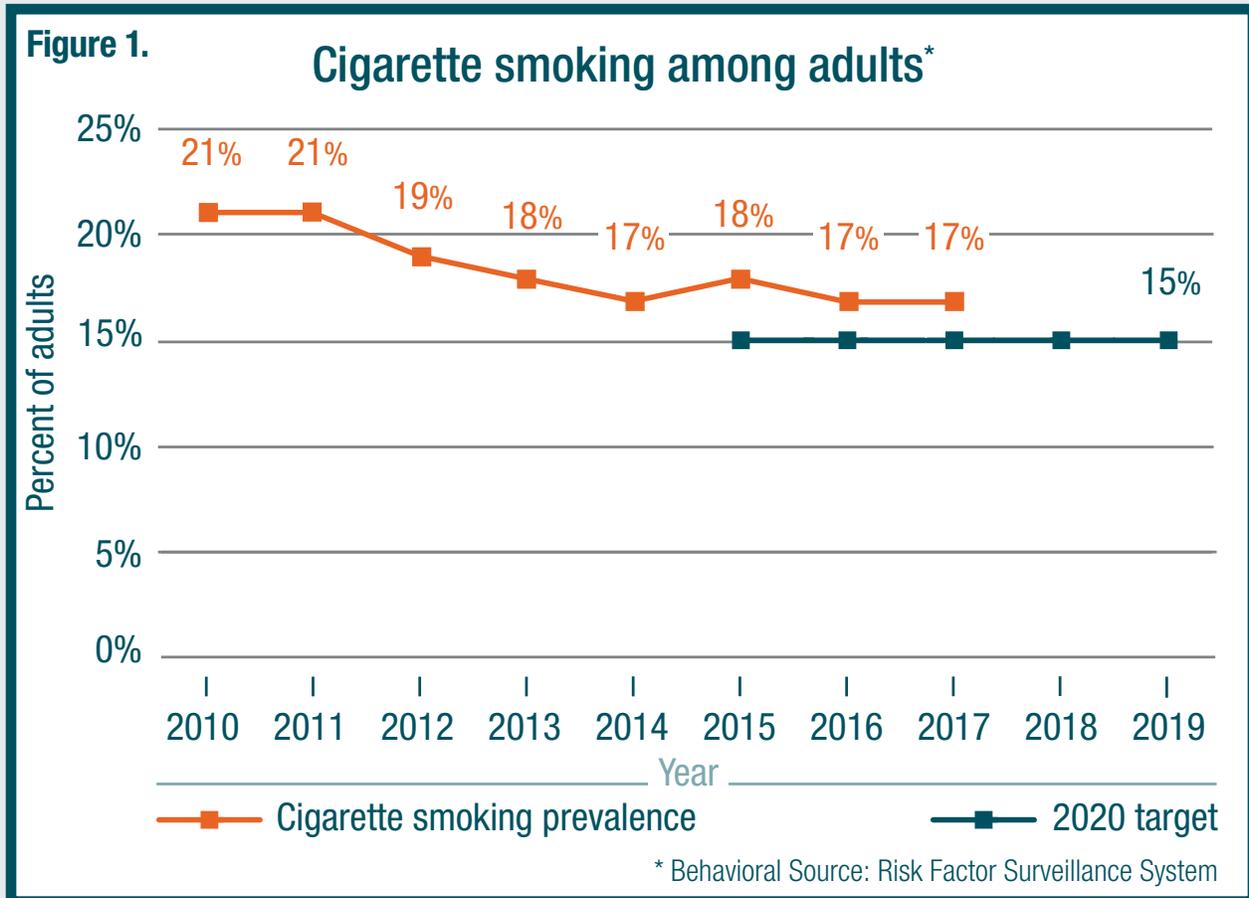
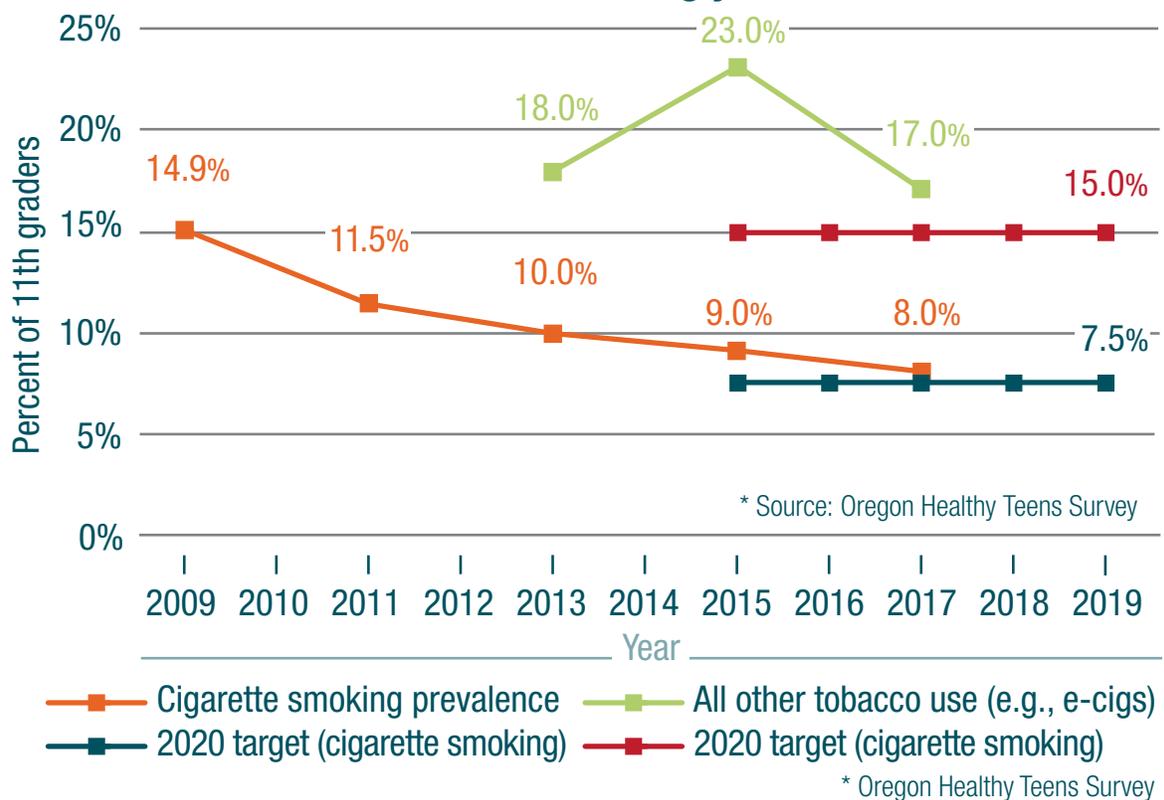


Figure 2.

Tobacco use among youth*



Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets for tobacco by the end of 2019:

- Non-cigarette tobacco products such as little cigars and e-cigarettes are popular among youth. These products remain sweet, cheap and easy to get. Nearly one in six Oregon 11th graders report using non-cigarette tobacco products (Figure 2). Youth use of e-cigarettes alone nearly tripled from 2013 to 2017 from 5 percent to 13 percent.
- Tobacco addiction disproportionately affects people who have a mental illness or addictions disorders. Behavioral health treatment facilities need training and technical help to build staff capacity to implement the [Tobacco Free Facilities and Services Policy](#). This policy requires all residential mental health and addictions providers licensed by OHA to keep properties tobacco free.

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

2018 Fact Sheet: Prevent and reduce obesity

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). Obesity rates remain stagnant. However, achievements within the priority area to prevent and reduce obesity include:

The Oregon Legislature approved an additional \$1 million in one-time funds for the [Farm Direct Nutrition Program \(FDNP\)](#) for the 2017-19 biennium. As a result, there was more money available for low income seniors and families in the Women, Infants, and Children (WIC) program to buy fresh fruits and vegetables from local farms.

Oregon was one of two states selected to participate in a National Diabetes Prevention Program (National DPP) Medicaid demonstration project in 2016-2018. Research has shown that people with prediabetes who take part in this program can reduce their risk of developing type 2 diabetes by up to 58 percent. Coordinated care organizations (CCOs) taking part in the demonstration contracted with culturally specific community-based organizations. These organizations deliver the National DPP in communities at high risk for developing diabetes. Lessons learned from this demonstration informed the development of a Medicaid-covered benefit for National DPP. As of January 2019, this benefit is available to all Oregon Health Plan members. The benefit offers an opportunity to develop sustainable reimbursement models and enhance the capacity of organizations and health systems that offer culturally specific National DPP programming in Oregon.

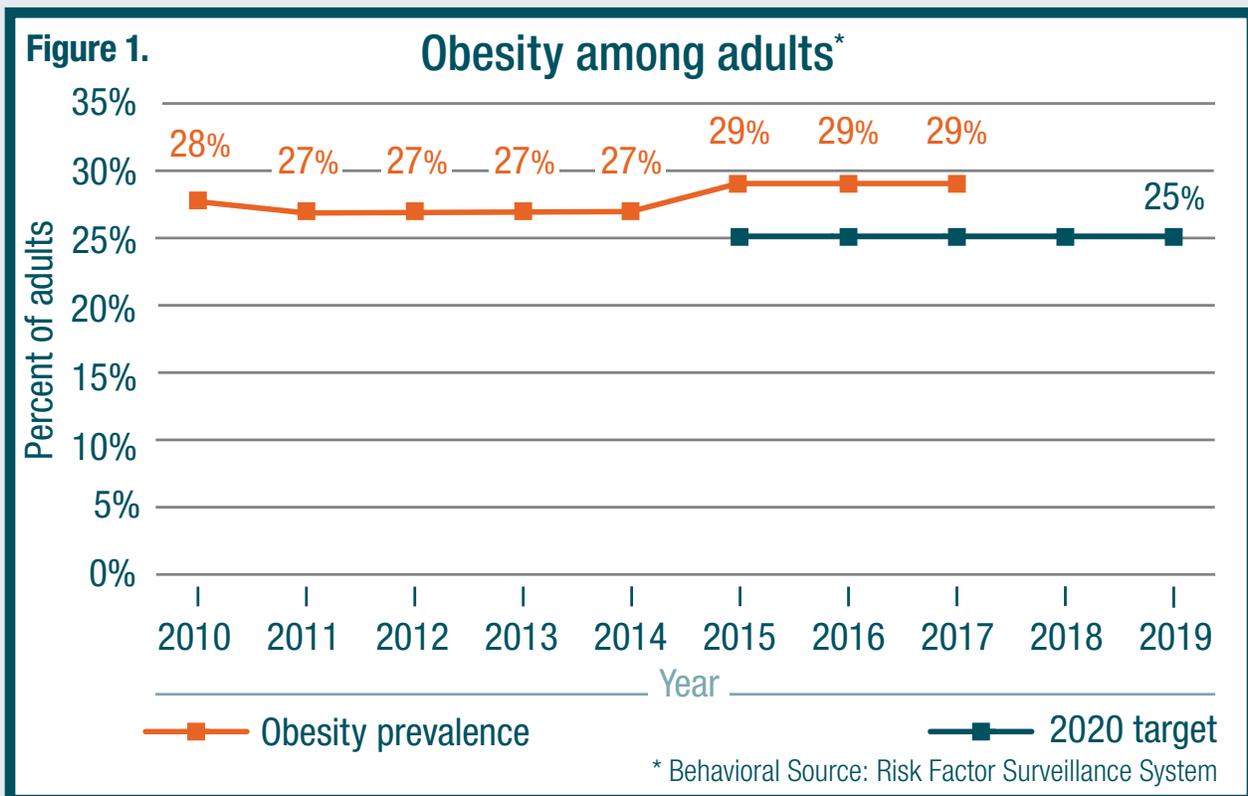
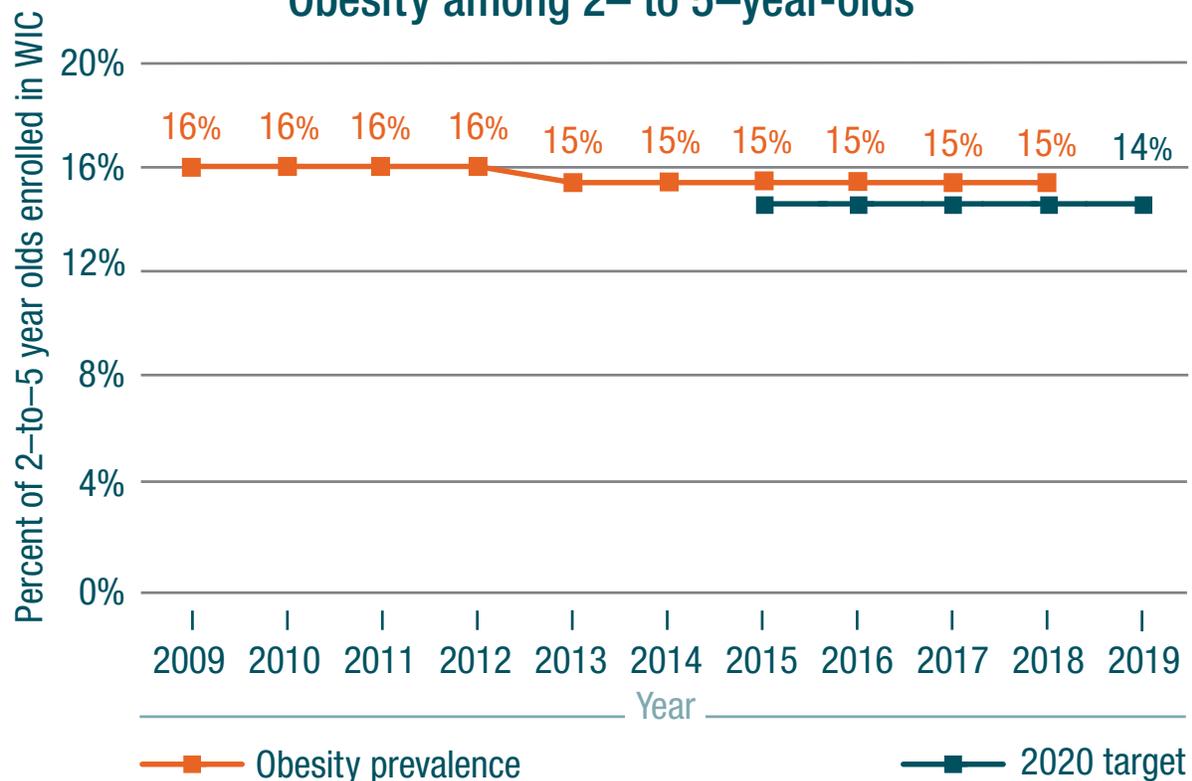


Figure 2.

Obesity among 2- to 5-year-olds*



* WIC administrative data

Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019. Oregon still lacks dedicated funding for obesity prevention. Obesity and related chronic diseases such as heart disease, diabetes, stroke and cancer continue to rise. Without funding for an evidence-based comprehensive obesity prevention program, Oregon's capacity to address social and environmental causes that effect obesity is limited. These causes include:

- Limited access to affordable, healthy food
- Safe spaces for walking, biking and recreation, and
- Mass marketing of unhealthy, processed foods and drinks..

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

2018 Fact Sheet: Improve oral health

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). Oral health seems to be improving. Achievements within the priority area to improve oral health include:

- A significant decrease in the number of third graders with cavities in their permanent teeth. (7.6 percent in 2017 compared to 15.5 percent in 2012.) System-wide efforts ensure children see a dentist regularly. System-wide efforts are also ensuring that children receive preventive oral health services in the dentist office or community setting (e.g. schools, WIC clinics, Head Start programs, etc.). There is wide acceptance of the message that children should have their first dental visit by age one. There is evidence in an increase in children who receive a preventive dental visit within their first two years. (49.2 percent in 2017 compared to 43.9 percent in 2016.)
- More low-income students have access to dental sealant programs in elementary and middle schools. This is largely due to the CCO financial incentive metric for dental sealants and the ability to coordinate statewide efforts through the mandatory certification program for school dental sealant programs.

Figure 1.

Oral health among children*

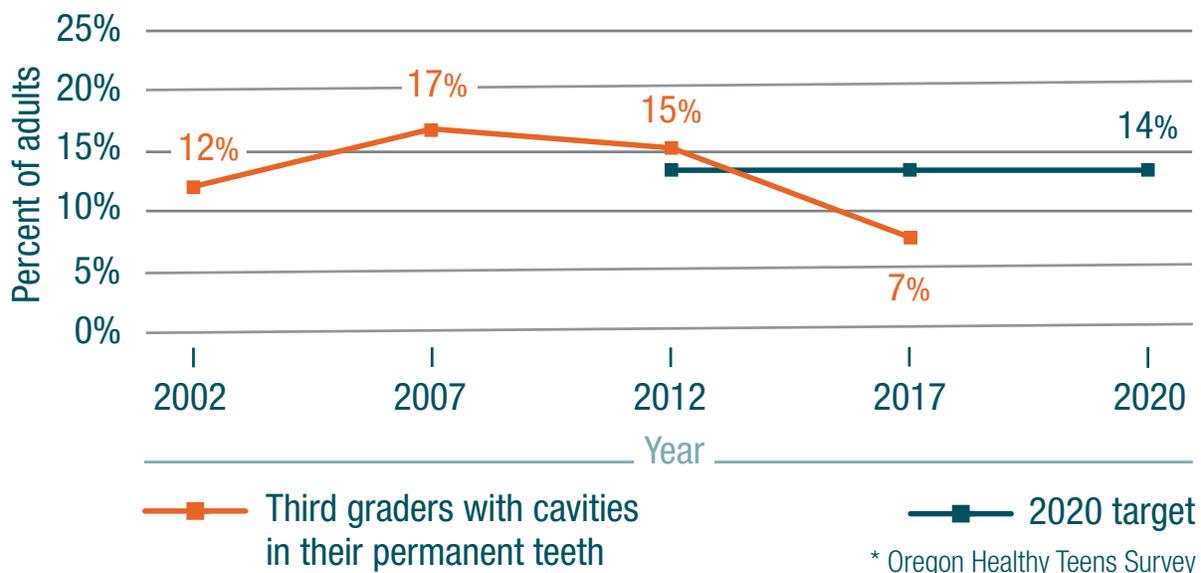
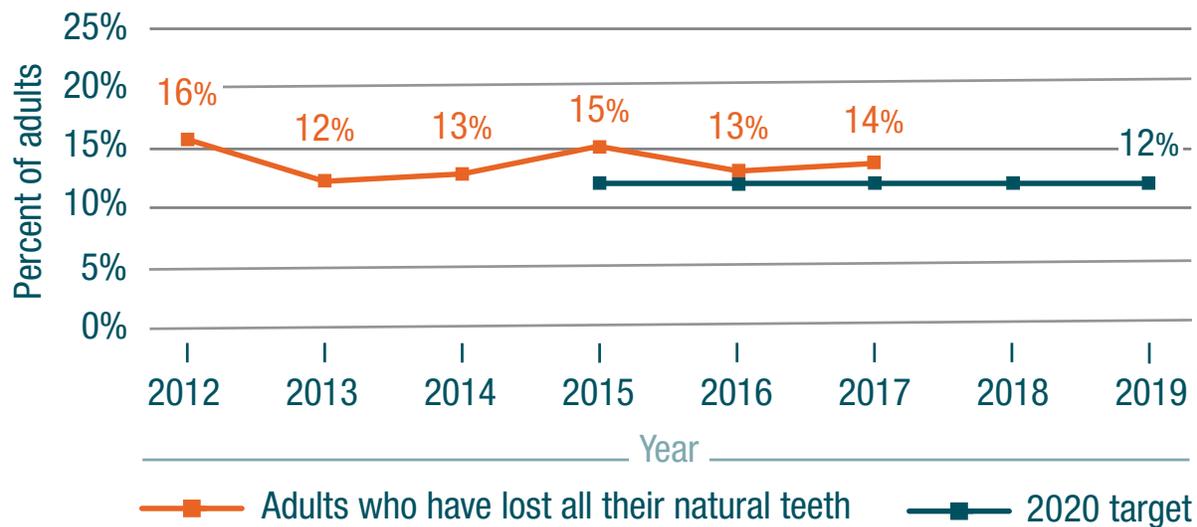


Figure 2.

Oral health among adults*



* Behavioral Risk Factor Surveillance System (BRFSS)

Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019:

- In Oregon, only one in five people receive fluoride in their water. Oregon has the third lowest number of fluoridated community water systems in the country. Community water fluoridation is an evidence-based practice recommended by:
 - » [Community Preventive Services Task Force \(CPSTF\), Centers for Disease Control and Prevention \(CDC\)](#)
 - » [Association of State and Territorial Dental Directors \(ASTDD\)](#), and
 - » [Healthy People 2020](#).

Research strongly shows that fluoride reduces dental cavities and disease across the entire population, regardless of age, race or ethnicity, insurance coverage, access to a dentist, or the ability to pay for care.

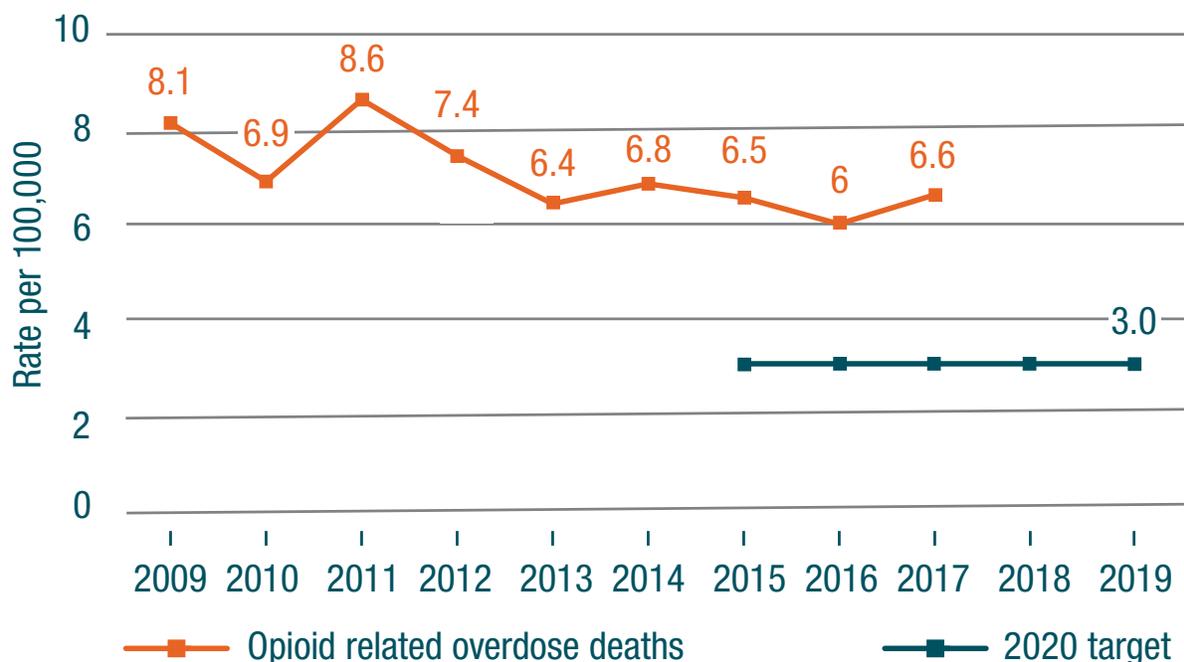
You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

2018 Fact Sheet: Reduce harms associated with alcohol and substance use

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). After an apparent peak in 2011, there has been a trend of decrease in overdose deaths. Binge drinking among youth continues to decline. However, binge and heavy drinking remain unchanged among adults. Achievements within the priority area to reduce harms associated with alcohol and substance use include:

- Oregon Health Authority sponsored the first ever Oregon Tribal Summit on Opioids and Other Drugs which took place on June 5-6, 2018. The 224 attendees included representatives of nine federally recognized tribes, [Native American Rehabilitation Association \(NARA\)](#), [Northwest Portland Area Indian Health Board \(NPAIHB\)](#), and [Indian Health Service](#). Each tribe identified needs and plans to address substance misuse in their communities using tribal best practices.
- In response to a new law that requires prescribers to register for the [Oregon Prescription Drug Monitoring Program \(PDMP\)](#), more than 19,600 prescribers and 3,889 delegates now have direct access to opioid prescription information. They can use this information to support safer prescribing decisions. As of December 2018, 78 percent of all required prescribers had registered.

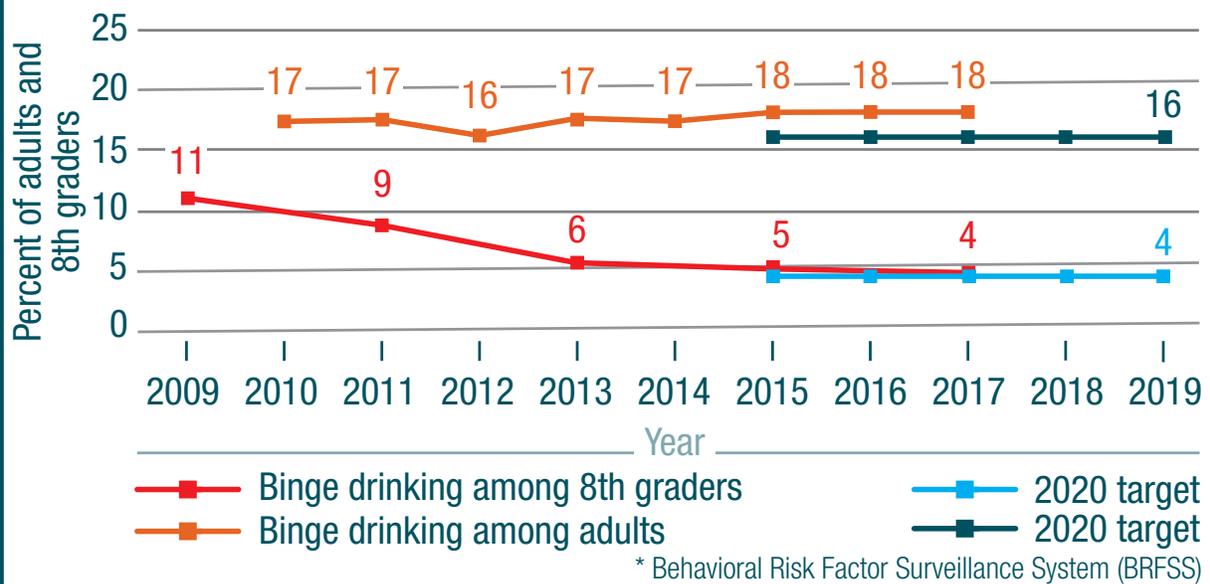
Figure 1. Opioid related overdose deaths*



* Vital Statistics

Figure 2.

Binge drinking among youth and adults*



- The Electronic Health Record (EHR) Screening, Brief Intervention and Referral to Treatment (SBIRT) will return as a Coordinated Care Organization (CCO) incentive metric for 2019. Electronic SBIRT is a recommended intervention to reduce excessive alcohol consumption.

Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019.

- The number of places to buy alcohol in Oregon continues to grow. Having more places sell alcohol is linked with an increase in alcohol-related problems such as violence, crime and injuries. Environments that reduce alcohol availability and exposure to alcohol marketing and promotion discourage excessive alcohol use.
- Overdoses and deaths caused by prescription opioids have decreased. However, overdose deaths due to illicit fentanyl, a synthetic opioid, are an emerging concern in Oregon and the nation. Oregon identified its first death because of an illicit fentanyl overdose in 2014. There were 49 deaths due to illicit fentanyl in 2017. Illicit fentanyl is often mixed with heroin or other drugs. This can happen with or without the knowledge of the user.

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

Program: Policy and Partnerships

<https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/index.aspx> and <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/Pages/Alcohol-and-Drugs.aspx>

Oregon Health Authority
PUBLIC HEALTH DIVISION

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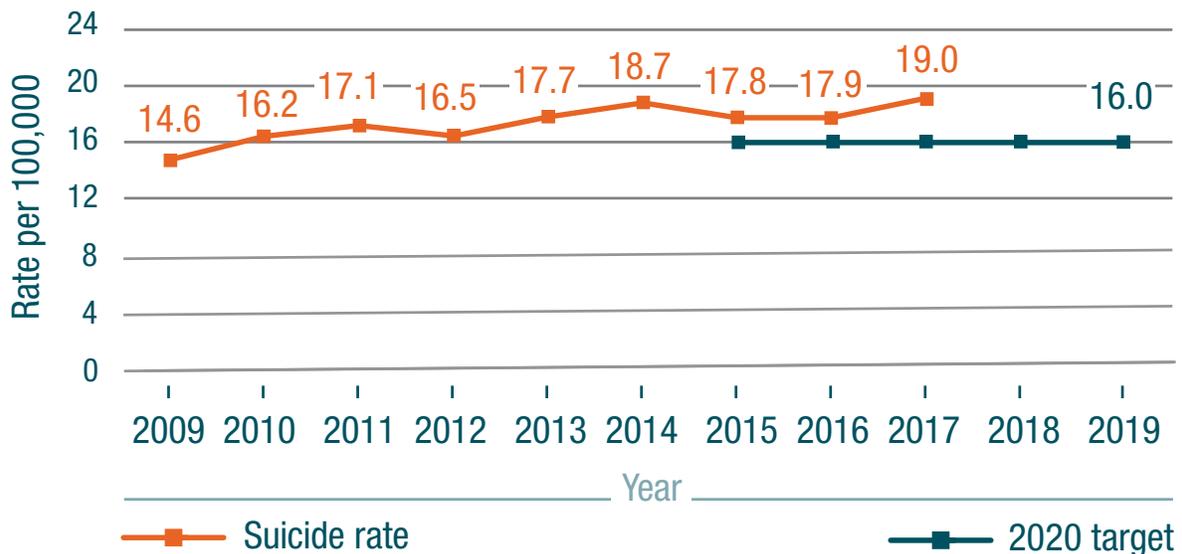
2018 Fact Sheet: Prevent deaths from suicide

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). Suicide continues to be a persistent problem in Oregon. Deaths from suicides have steadily increased for many years. Achievements within the priority area to prevent deaths from suicide include:

- Oregon Health Authority partnered with the Education Development Center (EDC) to provide a Zero Suicide Academy in September 2018. Sixteen health care organizations:
 - » Conducted a Zero Suicide assessment
 - » Took part in this intensive training, and
 - » Developed 90-day systems change plans to develop suicide-safer care from prevention to treatment.
- Agencies in Central Oregon are collaborating to develop a regional Zero Suicide implementation plan. This plan will focus on firearm safety and patient transitions between systems of care. Regional Zero Suicide collaborations are also developing in other regions of the state. This includes the Portland metro area and Southern Oregon.

Figure 1.

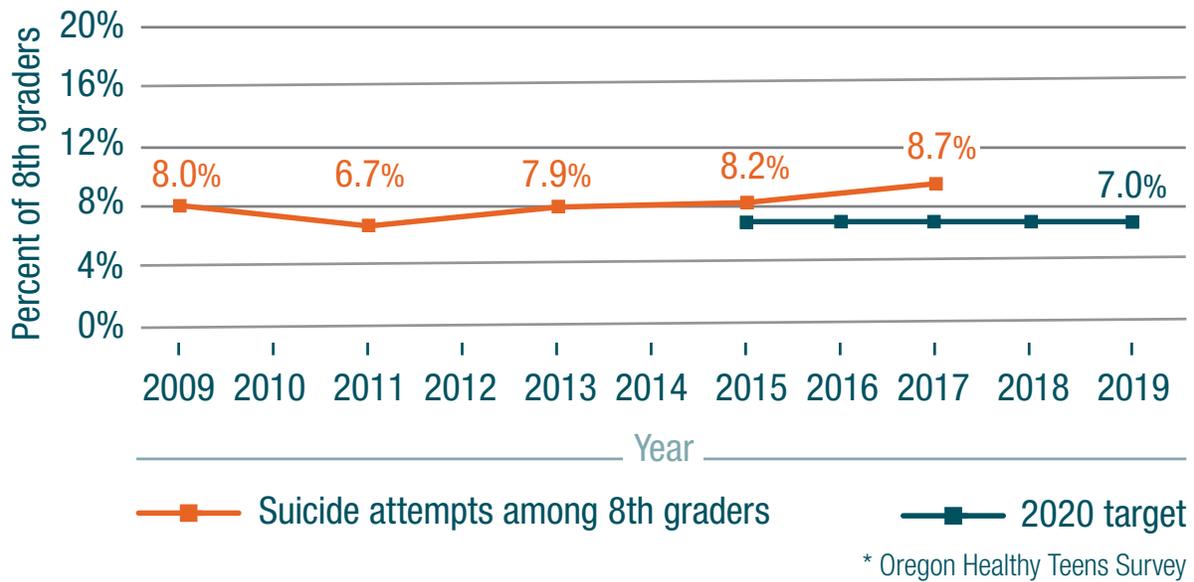
Adult suicide rate*



* Vital Statistics

Figure 2.

Suicide attempts among youth*



Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019.

- Stigma related to suicide continues to be an obstacle to the goal of zero suicides. In response, communities across the state support a wide variety of public awareness events to counteract shame and negative stereotypes with:
 - » Open dialogue about suicide
 - » Stories of hope and resilience
 - » Provision of support, and
 - » Opportunities for healing.
- Coordinated Care Organizations (CCOs) are now accountable to a statewide metric that measures emergency department use among members with mental illness. Tracking this metric helps CCOs engage in suicide prevention work with hospital systems that are carrying out Zero Suicide. More suicide-related metrics would enhance statewide support for this initiative. However, there is a challenge in:
 - » Identification of appropriate metrics to track suicide risk assessment, and
 - » Treatment and follow-up across systems of care.

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

2018 Fact Sheet: Improve immunization rates

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). Immunization rates among two-year-olds continues to increase in Oregon. Achievements within the priority area of improving immunization rates include:

- The partnership between OHA and Coordinated Care Organizations (CCOs) is stronger than ever. CCOs actively recruit providers to take part in the AFIX (Assessment, Feedback, Incentive, eXchange) program. AFIX is a program conducted by the CDC, that looks to increase immunization rates through quality improvement work. Last year, all 16 CCOs met every benchmark and achieved all childhood immunization improvement targets.
- OHA’s Immunization Program completed an internal program-wide equity assessment using the [Coalition of Communities of Color Assessment Tool Related to Racial Equity](#). Using the equity assessment results, the program will proactively work on improving internal policies and closing racial disparity gaps related to immunizations.

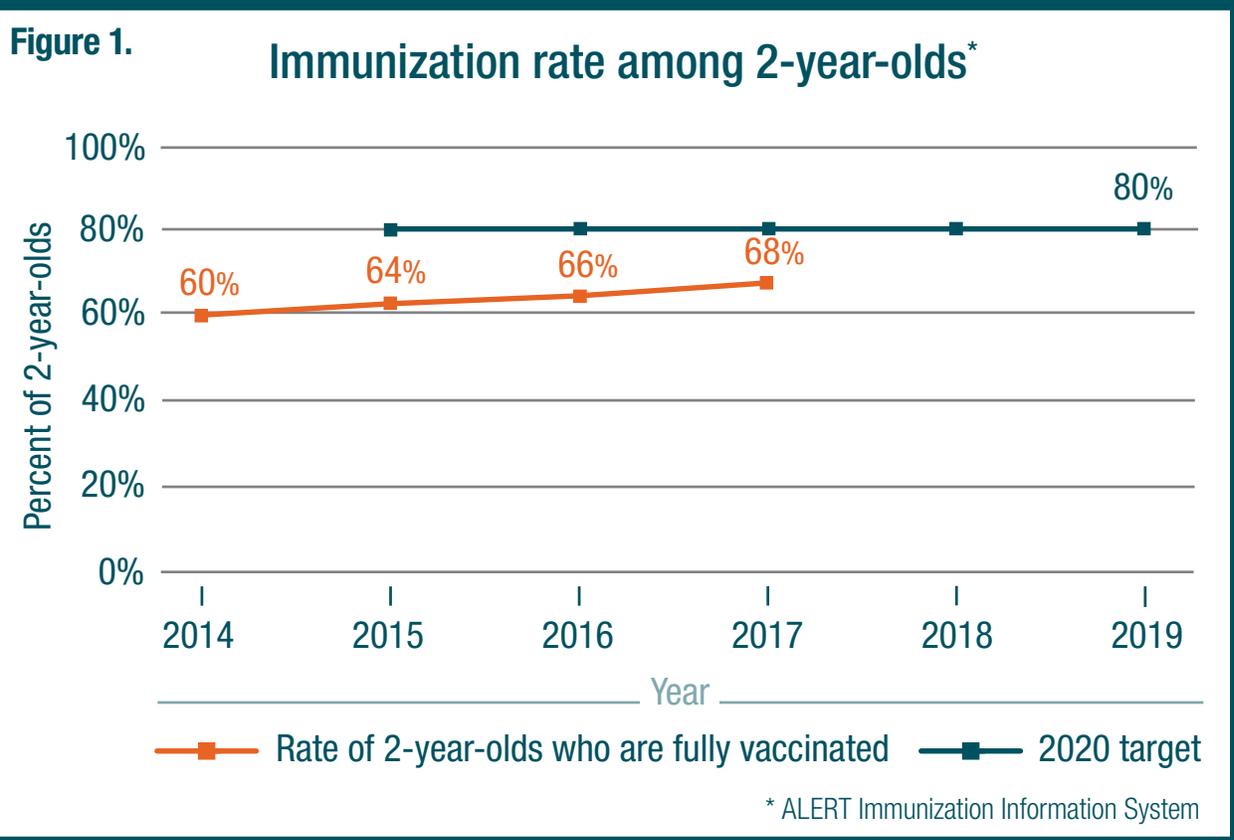
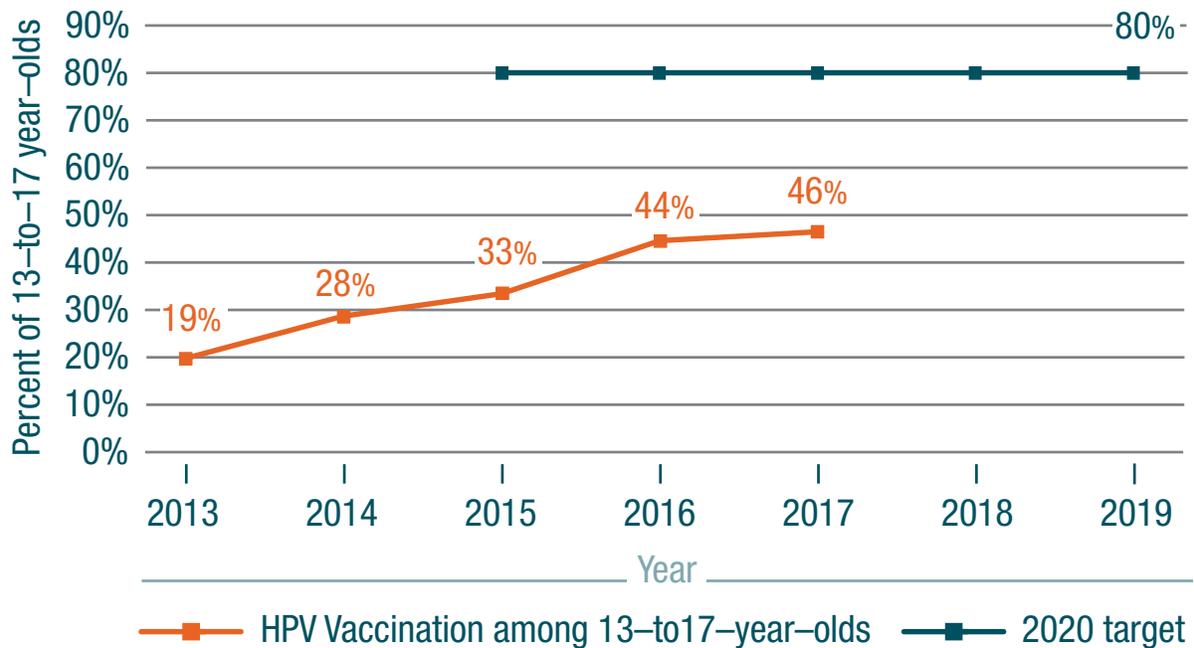


Figure 2.

HPV vaccination rates among youth*



* ALERT Immunization Information System

Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019.

- Oregon's nonmedical kindergarten exemption rates continue to climb. A high number of people within a specific school or community that have not been vaccinated and are not immune can drop vaccination rates under the threshold for certain vaccine-preventable diseases (VPDs). Thus, this makes some communities more susceptible to VPD outbreaks. OHA continues to monitor school and county immunization rates to identify and guide public health action to prevent VPD outbreaks in Oregon.
- Overall Latino immunization population rates are high, but recent data suggests Hispanic adult and child flu vaccine rates lag behind other race or ethnicity groups. OHA is conducting outreach to Oregon's Spanish speaking community to encourage flu vaccination. OHA is doing this through use of culturally tailored communication and social media.

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.

2018 Fact Sheet: Protect the population from communicable diseases

This fact sheet is a summary of progress made in year four of the 2015-2019 State Health Improvement Plan (SHIP). While gonorrhea infections continue to increase, new HIV infections, infectious syphilis, hospital acquired C-difficile infection (CDI), and E.coli all decreased this past year. Achievements within the priority area of protecting the population from communicable disease include:

- Oregon hospital performance improved since 2016. Strides have been made since 2017 to reduce CDI. Oregon hospitals performed better than hospitals nationally. Improvements reflect development programs to improve antibiotic use as well as effective control practice.
- [Patient education materials about TB](#) were translated into 10 languages.
- The STD program identified several systems-level challenges that slow the development and delivery of patient-delivered partner therapy in clinical settings. In response, the program outlined steps to address these challenges with public health and health systems partners in 2019.
- In December 2017, the Oregon Health Authority awarded public health modernization funding to eight local public health authority partnerships for regional communicable disease control interventions. These interventions address unique needs of each community and emphasize strategies intended to eliminate health disparities. For example, Central Oregon counties hired a regional infection prevention nurse who works with long-term care facilities (LTCFs) to prevent the spread of disease during outbreaks. In 2018, 78 percent of LTCFs received infection prevention training. In addition, after-action reports were completed for 100 percent of outbreaks.

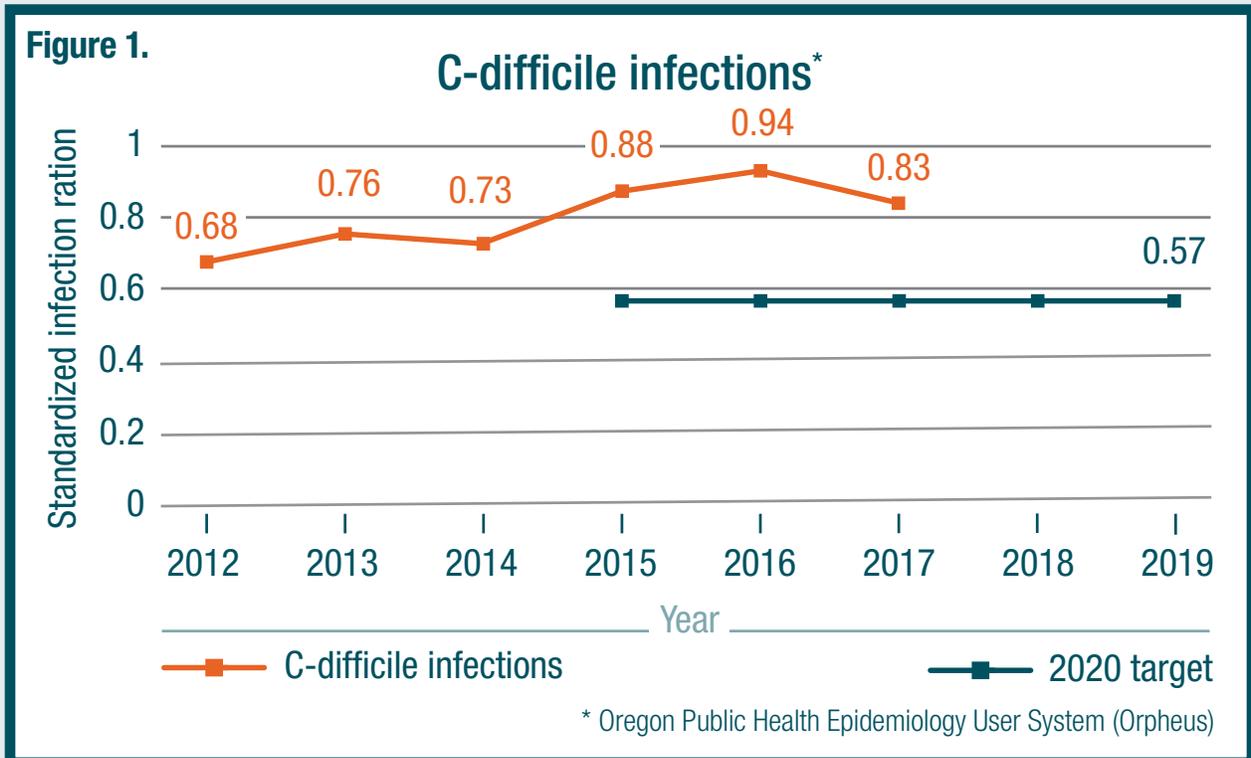
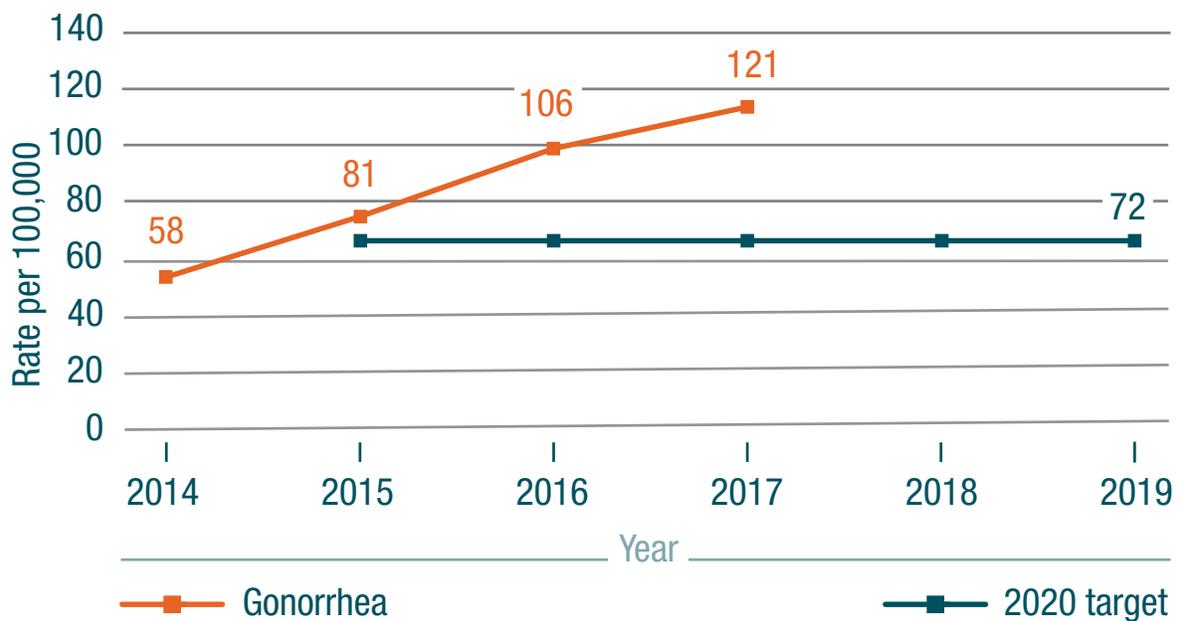


Figure 2.

Gonorrhea incidence*



* Oregon Public Health Epidemiology User System (Orpheus)

Challenges

The following challenges may affect the ability of the state to meet goals and achieve priority targets by the end of 2019.

- Oregon continues to see disparities in deaths related to Hepatitis C virus (HCV). The highest HCV related deaths rates occur among American Indians, Alaska Natives and African Americans. People who inject drugs are also at increased risk of HCV. They also face access and quality of care inequities. Oregon lacks primary care clinicians who have the training to provide comprehensive care for HCV. Thus, the clinical infrastructure is not in place to support HCV treatment for everyone who needs it, especially in rural areas.
- CDI standardized infection ratios currently do not meet 2020 goals. Regional CDI prevention requires ongoing and effective communication between all Oregon healthcare facilities. Practice varies for timing of transfer notification for patients with CDI. This can challenge prevention efforts.

You can find complete information, including progress made on specific interventions and strategies online at www.healthoregon.org/ship.